PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10 699 750

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	\2 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 = 1		* .ચ		Ī	X43=		OR	X86=	172
MU	LTIPLE DEPEN	ESENT)		n Max Maxima			+145=		OR	+290=	Ì	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL.	SUP
CLAIMS AS AMENDED - PART II											OTHER THAN SMALL ENTITY	
		(Column 1)		(Colur	سنبث سب	(Column 3)		SMALL		OR	SMALL	
NTA	11/21/06	CLAIMS REMAINING AFTER AMENDMENT	INING NUMBER PREVIOUSL		BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE.
AMENDMENT A	Total	- 18	Minus	-2		= /		X\$ 9=		OR	X\$18=	
	Independent	. 5	Minus	**.5	<u> </u>	=/		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290 ⁻	
٠,							TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												
<u></u>		CLAIMS REMAINING		HIGH NUM	EST	PRESENT	lſ		ADDI-			ADDI-
AMENDMENT B		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total '	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						¹	+145=		OR	+290=	
<u>l</u>								TOTAL			TOTAL	
	ADDIT. FEE OR ADDIT. FEE											
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI												4001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=]	X43=		OR	X86=	
 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							`				
	###	4 in lann 46-a- 46			a "N" in ca	hema 3	l	+145=		OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The *Highest Nuri	mber Previously Pa	id For" (Total o	r Independ	lent) is the	highest number	er fou	ind in the app	propriate bo	x in co	olumn 1.	
Ī									<u> </u>			•